



Natick Recreation and Parks Department

"Create Community through People, Parks and Programs"

To: Arrowhead Day Camp Volunteer Applicant

From: Camp Arrowhead Volunteer Coordinator

To be considered as a Camp Arrowhead Volunteer, **ALL** of the following information **MUST** be completed and submitted by Thursday, April 21, 2016. Our volunteers work one on one with an assigned camper each week. Therefore, we have a limited space each week for volunteers. We expect to need between 37 - 42 volunteers each week. You will be notified by the end of May regarding your week assignments.

- ☐ "Volunteer Application Form" filled out **COMPLETELY** by Applicant
- ☐ "Volunteer Health Form" filled out **COMPLETELY** by Applicant.
- ☐ Your **MOST RECENT** (within 2 years of requested sessions end) Physical and Immunization Form (computer printout from physician).
Please confirm that your immunizations are current with your health care provider.
- ☐ Completed Essay (*First year applicants only.*)
- ☐ SORI and CORI Forms (State mandates you include last 6 digits of Social Security # where noted on CORI.)
- ☐ **MANDATORY PHOTO ID • DO NOT cut the ID/photo - please leave on 8-1/2 x 11 sheet.**
The State has mandated that we require a Government issued Picture ID of all Volunteer's/CIT's and Staff.
(Ex: Drivers License, Passports, Student ID, Alien Reg. Card, Employment Author. Card, US Military ID Card)
* Please contact us if you have a question about acceptable ID's.

There will be a **MANDATORY** meeting for all **New** Arrowhead Volunteer Applicants on **Sunday, May 22.**

Please answer the following essay questions on a separate piece of paper, in two to three paragraphs, and submit it along with the Volunteer Application form.

What are 3 challenges youth are facing in the Community?

What qualities do you possess that you can bring to Camp Arrowhead to make it better?

What experiences, if any, have you had that would be helpful in working with children and adults with special needs?

What do you want to get out of Camp Arrowhead this summer?

Please mark these important dates below on your calendar. Attendance is **mandatory** for volunteers.

- **May 22 • New Volunteer Meeting** Time and Location TBD
- **June 24** and 25 • Training** at Arrowhead for All Volunteers • 10:00 am - 3:00 pm

**** NOTE: June 24 may change to June 27 due to different towns school endings. The Staff will contact all Volunteers in May with the final date.**

Please **KEEP THIS SHEET** for **MANDATORY** meeting information.



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CAMP ARROWHEAD VOLUNTEER APPLICATION FORM

(Must be going into Grade 9 and above.)

Applications will **NOT** be accepted without a copy of your most recent Physical and Immunization Printout dated within 2 years from your requested camp end date and your completed Essay.

PLEASE NOTE: AS PART OF THE APPLICATION PROCESS, WE ASK THAT ALL FORMS BE COMPLETED BY THE APPLICANT NOT THE PARENT/GUARDIAN.

Name _____ Telephone # (____) _____

Address _____
Street Town Zip

E-Mail _____ T-Shirt Size _____

Minimum 2 Week Availability Required

Note: We need you to list 2 choices for planning purposes - you may only receive 1 of the 2 weeks)

Please check off sessions desired in order of preference.

Dates	Preference	Dates	Preference
<input type="checkbox"/> Session 1 • June 28 - July 1	_____	<input type="checkbox"/> Session 4 • July 18 - 22	_____
<input type="checkbox"/> Session 2 • July 5 - 8	_____	<input type="checkbox"/> Session 5 • July 25 - 29	_____
<input type="checkbox"/> Session 3 • July 11 - 15	_____	<input type="checkbox"/> Session 6 • August 1 - 5	_____

Residential Camp Week **** Check box if INTERESTED, but please note: acceptance is based on Volunteer's performance at day camp.**

☐ Saturday, August 13 - Thursday, August 18

Please list below any specific training and/or certified skills that you have received that would help you in this position. (i.e., educational courses, workshops, CPR, First Aid, Skill, Sign Language, etc.)

Type Of Training/Certified Skills	Year
_____	_____
_____	_____
_____	_____

Swimming Ability: ☐ Confident Swimmer ☐ Not Confident ☐ Not a Swimmer

Do you have any previous experiences in this program or others related to the position you are applying for?
If so, list each position, year and reference (i.e., babysitting, volunteer work, child care, etc.)

Type of Service	Responsibility	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

I volunteer to assist in the _____ program and will work to the best of my ability.
I have filled out the above information to the best of my knowledge.

Volunteer's Signature _____ Date _____

I hereby give my child permission to Volunteer in this program and will assume full responsibility in the event that any injury may occur.

Parent/Guardian Signature _____ Date _____

(If under 18 years)

CAMP ARROWHEAD VOLUNTEER GENERAL HEALTH FORM

IMPORTANT: WE STILL REQUIRE AN UP-TO-DATE PHYSICAL AND IMMUNIZATION RECORD ALONG WITH THIS PAPERWORK

<input type="checkbox"/> Volunteer	Session(s) #	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	Residential <input type="checkbox"/>
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Name: _____
Last First Middle Home Phone: (____) _____
Area Code

Date of Birth: ____/____/____ Age: _____ Sex: ☐ M ☐ F

Home Address: _____

School: _____ Grade **Entering** • Fall 2015 _____

Mothers Name: _____ Work # (____) Cell # (____)

Fathers Name: _____ Work # (____) Cell # (____)

Emergency Contacts • Other Than Parent (State Regulations Mandate 2 Contacts)

1) Name: _____

Relationship: _____ Telephone #: (____) _____

2) Name: _____

Relationship: _____ Telephone #: (____) _____

Insurance Information

Health Plan/HMO: _____

Policy or Group #: _____

ALLERGIES/MEDICAL CONDITIONS: _____

IMPORTANT: MEDICATION AUTHORIZATION FORM MUST BE SUBMITTED NO LATER THAN JUNE 1

Please check here if your child will need medication(s) to be administered at Camp ☐

Name of Medications: _____

Parental Consent, Release from Liability and Indemnity Agreement

On behalf of my child, a minor, I hereby consent to my child's participation in voluntary athletic, recreation programs or extra-curricular activities of the Town/City and/or Public Schools of Natick (hereinafter "the Town/City").

I/We also agree to forever RELEASE the Town/City, a municipal corporation of the Commonwealth of Massachusetts, and/or the Public Schools of Natick, the School Committee, and all their employees, officers, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic, recreation programs or extra-curricular activities of the Town/City or Public Schools ("the Releasees") from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorney's fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and/or unknown personal injuries to my child or property damage resulting from my child's participation in the said Town/City and/or Public School's voluntary athletic, recreation program or extra-curricular activity which I/We may now or hereafter have as the parent(s) or guardian(s) of said minor child and which said minor child has or hereafter may acquire, either before or after reaching majority.

I/We also promise, to INDEMNIFY, REIMBURSE, DEFEND and HOLD HARMLESS the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorney's fees, arising from personal injuries to my child or property damage resulting from my child's participation in the Town/City and/or Public Schools of Natick voluntary athletic, recreation programs or extra-curricular activities or administration of first aid.

I/We further affirm that I/We have read this Parental Consent, Release From Liability And Indemnity Agreement, and that I/We understand the contents of this Agreement. I/We understand that my child's participation in these programs is voluntary and that my child and I/We are free to choose not to participate in said programs. By signing this agreement, I/We affirm that I/We have decided to allow my child to participate in the Town/City and/or Public School's athletic, recreation programs or extra-curricular activities with full knowledge that the Releasees will not be liable to anyone for personal injuries and/or property damage my child or I/We may suffer in the voluntary Town/City and/or Public School athletic, recreation programs or extra-curricular activities.

I realize injuries can occur from participation in sports and other activities. Should my child be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician to administer anesthesia, medical, x-ray and surgical procedures as may be deemed necessary or advisable.

I understand that every reasonable attempt will be made to contact me in an emergency.

Signature _____
(If under 18, parent or guardian)

Date _____



• PLEASE CHECK APPROPRIATE BOXES •

NRPHS
172G
G

Natick Recreation and Parks Department is requesting all the available criminal offender recorded information (CORI) and juvenile data on the following individual from the Criminal History Systems Board pursuant to Chapter 6 § 172G, which mandates operators of ***camp*s** for children to request CORI and juvenile data regarding all employees or volunteers prior to employment or volunteer service.

CLASS PICTURES ARE NOT CONSIDERED GOVERNMENT ISSUED PHOTO ID'S

(Please Print In INK - NOT PENCIL)



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COMMONWEALTH OF MASSACHUSETTS SEX OFFENDER REGISTRY BOARD

REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, P.O. Box 4547, Salem, MA 01970, along with a self-addressed stamped envelope. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.

All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

Requestor's Name: _____ Jonathan Marshall

Address: _____ 179 Boden Lane

Natick, MA 01760

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

Requested by: _____ *Jonathan Marshall* _____ Jonathan Marshall, Director • NRPD
Signature of SORI Authorized Employee

I hereby request that the following information be used to determine whether the individual identified below is a sex offender required to register in Massachusetts.

COMPLETED FORM MUST BE RETURNED TO THE RECREATION AND PARKS DEPARTMENT

Subject's Name: _____ Date of Birth: _____ / _____ / _____
(*Please Use Actual (Legal) Given Name • NO NICKNAMES OR SHORTENED NAMES)

Address: _____
Please DO NOT use PO Box Numbers

Town, State and ZIP

Personal Identifying Characteristics:

Sex: _____ Race: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Other Information (e.g. license plate number, parents' names, etc.): _____

*****WARNING*****

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C – 178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 1/2) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).